ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
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FEE DETERMINATION			
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FORMALITY REVIEW	CM	71632	10 30 00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✔	.... Rejected	N	.... Non-elected
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—	(Through numeral)... Canceled	A	.... Appeal
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If more than 150 claims or 10 actions
staple additional sheet here

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